

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13254</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Kent</u> <u>Sickles</u> P.O. Box Bldg Room No if any <u></u> Street <u>10518 NE 337th Street</u> City <u>LaCenter</u> State <u>Washington</u> ZIP Code + 4 <u>98629</u>	4 Name file number and address of labor organization Name <u>Operative Plasterers Local 82</u> Labor Organization File Number <u>035-053</u> P.O. Box Building and Room Number if any <u></u> Street <u>12812 NE Marx Street</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230</u>
5 Position in labor organization <u>President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u></u> Trade Name if any <u></u> P.O. Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7 a Nature of Interest Transaction or Income <u></u> 7 b Amount <u></u>

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Kent Sickles</u>	On <u>8/3/05</u> Date	<u>360-263-5137</u> Telephone Number

Name of Person Filing Kent Sickles	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Employers #82 JATC OR SW WA</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 12812 NE Marx Street</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97230</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Trust Fund receiving contribution under Collective Bargaining Agreement</p>
	<p>11 b Approximate dollar value of such dealing \$75 525</p>
	<p>12 a Nature of interest held or income received</p> <p>Meal Expense for business meetings</p>
	<p>12.b Amount \$37</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13.b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment.</p>

Name of Person Filing **Kent Sickles**

File Number **U**

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **Employers #82 JATC OR SW WA**

Trade Name if any

P O Box Bldg Room No if any

Street **12812 NE Marx Street**

City **Portland**

State **Washington**

ZIP Code + 4 **97230**

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☒ **a Labor Organization**

☐ **b Trust**

☐ **c Employer**

11.a Nature of such dealing

Trust Fund receiving contributions under Collective Bargaining Agreement

11 b Approximate dollar value of such dealing

\$75 525

12 a Nature of interest held or income received

Reimbursement for class expenses

12 b Amount

\$122

Name of Person Filing Kent Sickles

File Number U

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Employers #82 JATC OR SW WA

Trade Name if any

P O Box Bldg Room No if any

Street 12812 NE Marx Street

City Portland

State Oregon

ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Trust Fund receiving contributions under Collective Bargaining Agreement

11 b Approximate dollar value of such dealing

\$75 525

12 a Nature of interest held or income received

Instructor Wages

12.b Amount

\$2 728